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***Candida auris*: Updated Reporting Requirements and What They Mean for Practice**

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Tuesday, June 23, 2026

Disclosures

- Dr. Julianne Kus does not have any conflicts of interest to disclose
- Dr. Kate Bingham does not have any conflicts of interest to disclose
- Kasey Gambeta does not have any conflicts of interest to disclose

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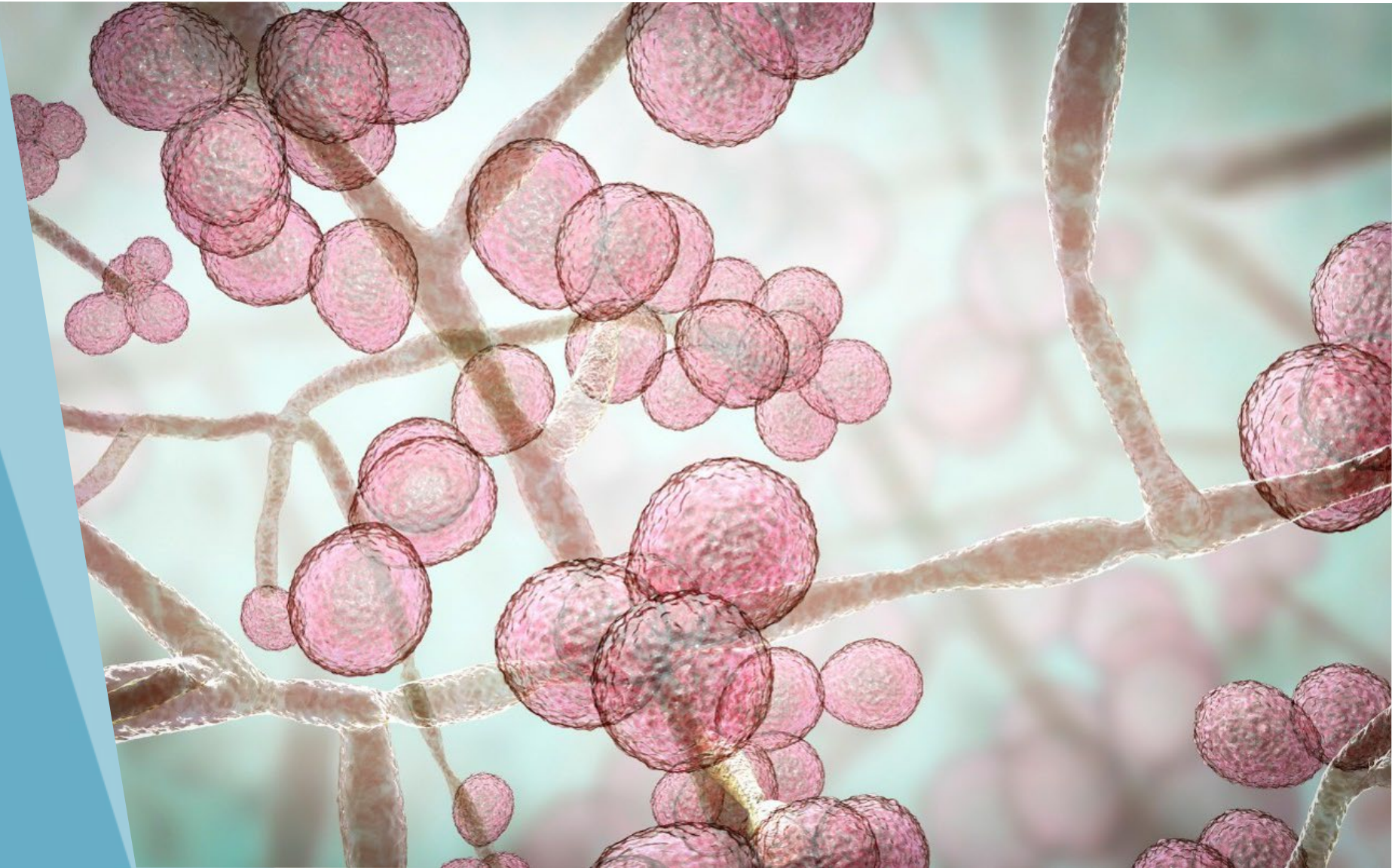
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Objectives

By the end of this session, participants will be able to:

- Describe the upcoming Enhanced Surveillance Directive (ESD) and summarize the new reporting requirements for *C. auris*.
- Identify PHO's *C. auris* resources and explain how they can be applied in practice.
- Outline key infection prevention and control considerations associated with *C. auris*.
- Recognize the respective roles of the MOH and PHO in supporting implementation of the updated *C. auris* reporting expectations.



What is *Candida auris*?

Candida auris (*Candidozyma auris*) Background

- New terminology: *Candidozyma auris*
- Fungal pathogen with ability to develop multi-drug and pan resistance
- First described in 2009 in Japan from patient's ear (auris is Latin for “ear”)
- Can colonize skin, respiratory tract, and urinary tract
- Capable of invasive disease
 - ~10% of colonized cases progress to infections
 - Range from superficial skin infection to invasive disease
 - 30-35% crude mortality rate
 - 40% mortality for invasive infections
- Can cause persistent outbreaks in health care settings

Zhang SX, de Hoog S, Denning DW, Ahmed SA, Alastruey-Izquierdo A, Arendrup M, et al. Reaffirming the importance of nomenclature stability for *Candida auris* and its associated disease of candidiasis. J Clin Microbiol. 2026;64(2):e0155025.

Characteristics

- **Aetiologic Agent:** Multidrug-resistant fungus that can cause serious infections
- **Reservoir:** Patient/resident in healthcare setting, environmental surfaces and medical equipment
- **Modes of Transmission:** Primarily through direct contact
- **Communicability:** For the duration of the individual being colonized or infected
- **Host Susceptibility and Resistance:** Immunocompromised, patients with indwelling devices or receiving broad-spectrum antibiotics



The Forthcoming Enhanced Surveillance Directive (ESD)

Surveillance of *Candida Auris* Colonization

Presented by:

Dr. Kate Bingham, Associate Chief Medical Officer of Health

Objectives

- Introduce the Enhanced Surveillance Directive (ESD) for *Candida auris* (*C. auris*) colonization and authority for reporting requirements .
- Outline Ministry of Health support and role for the enhanced surveillance of *C. auris* colonization

Current Status of *C. auris* Reporting

- In Ontario, *C. auris* infections became designated as a Disease of Public Health Significance (DoPHS) under O. Reg. 135/18: Designation of Diseases on January 1, 2025
- *C. auris* colonization is not currently reportable.
- There is support for continued and enhanced reporting:
 - As of June 2025, *C. auris* is considered a **Tier 1 priority antimicrobial-resistant (AMR) pathogen** by the Public Health Agency of Canada.
 - Tier 1 pathogens pose the highest risk to public health and requires focused resources for prevention, early detection, and improved surveillance.

Rationale for Surveillance of *C. auris* Colonization

- Lack of *C. auris* colonization information likely underestimates the true geographic and healthcare burden of *C. auris* and limits understanding of predictors and risk factors of *C. auris* acquisition and infection, impacting public health management.

Understanding the Epidemiology



- In a 2024 survey, [57% of hospitals](#) reported not having a *C. auris* screening program.
- According to the 2026 [Public Health Ontario \(PHO\) Report](#), this was in part due to perceived low risk—likely influenced by limited testing and infection-only reporting, which may underestimate true prevalence.

Driving Screening Programs



- Not identifying both colonization and infection increases the risk of undetected cases and silent transmission.
- Literature shows *C. auris* is often well-established in facilities by the time it is detected, with colonization driving persistence and spread.

Mitigating Silent Transmission



Supports the need for timely surveillance and early detection of *C. auris* colonization

Approach to *C. auris* Colonization Reporting

Legislative and Policy Support for an ESD

- ESD for *C. auris* colonization will be issued by PHO effective from **July 1, 2026 to December 31, 2026**.
- PHUs will be required to report minimum data elements outlined in the ESD.
- Mandatory reporting is in accordance with S. 7 of the *Health Protection and Promotion Act* and subsection 2 (b) of the *Infectious Diseases Protocol*, 2023.

ESD vs DoPHS for Reporting

- With an ESD, *C. auris* colonization reporting to PHUs is voluntary.
- The ESD will support evidence-informed future policy/regulatory decisions:
 - Time-limited surveillance allows for better monitoring of colonization.
 - Identifies system gaps while allowing time to address them and strengthen system capacity and readiness.

Implementation Supports

- The Ministry of Health is supporting PHO in implementing the ESD for *C. auris* colonization:
 - PHU memo
 - Health system partner (e.g. hospitals, labs) memo: to be sent requesting voluntary reporting to PHUs
 - Ongoing collaboration with partners on strengthening *C. auris* surveillance.

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Candida auris: Epidemiology

Candida auris in the USA: 2013 to 2018

USA Case Counts

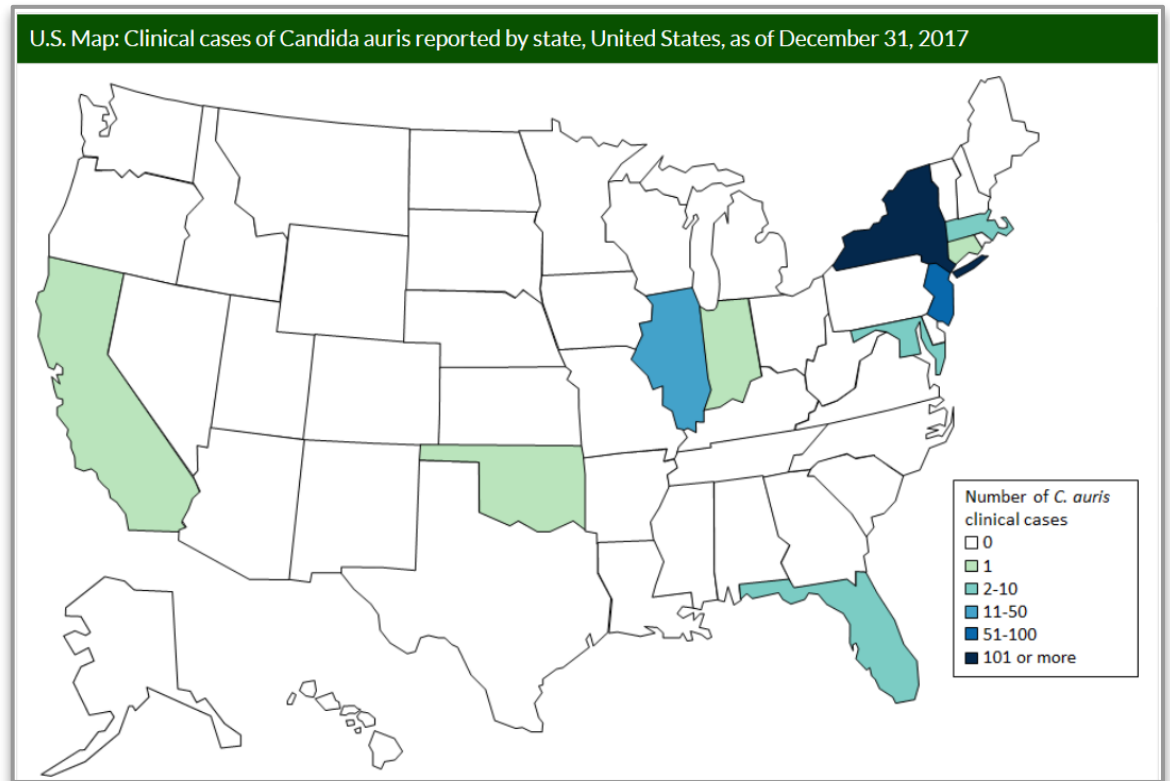
- 2013 – 2016: **7 cases**
- As of January 31, 2018:
 - **562 cases** (215 infections, 347 colonized)

Initial Investigations

- Identified in **5 patients** recently hospitalized in other countries (India, Pakistan, South Africa, Venezuela)
- WGS* and epidemiologic data suggest most U.S. cases resulted from local transmission of *C. auris* following introduction from other countries

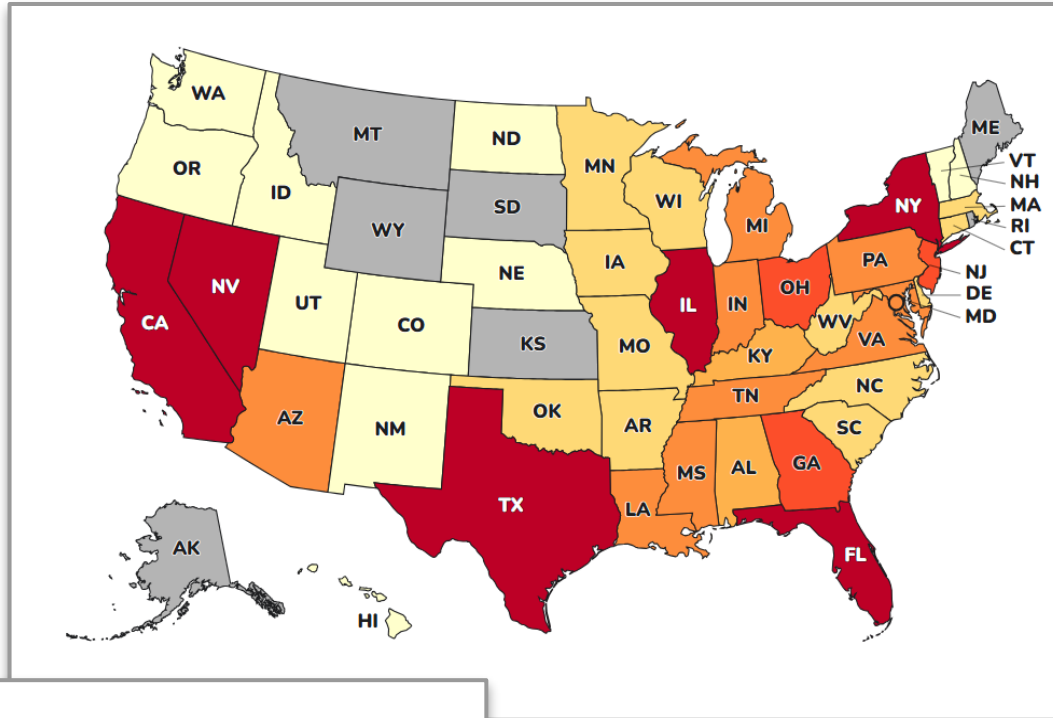
* Whole Genome Sequencing (WGS)

Centers for Disease Control and Prevention. Tracking *Candida auris*. Atlanta, GA: CDC; [accessed 2018 Jan 21] [Source: CDC Tracking C. auris](#)

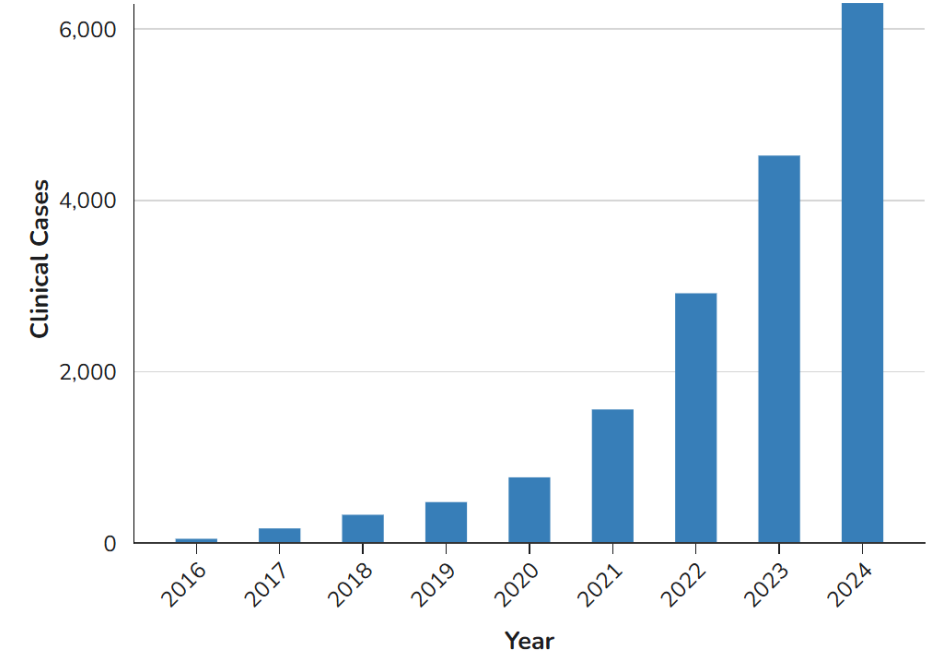


Candida auris in the USA: 2024

- Now considered endemic in some states



National Clinical Cases Reported Over Time

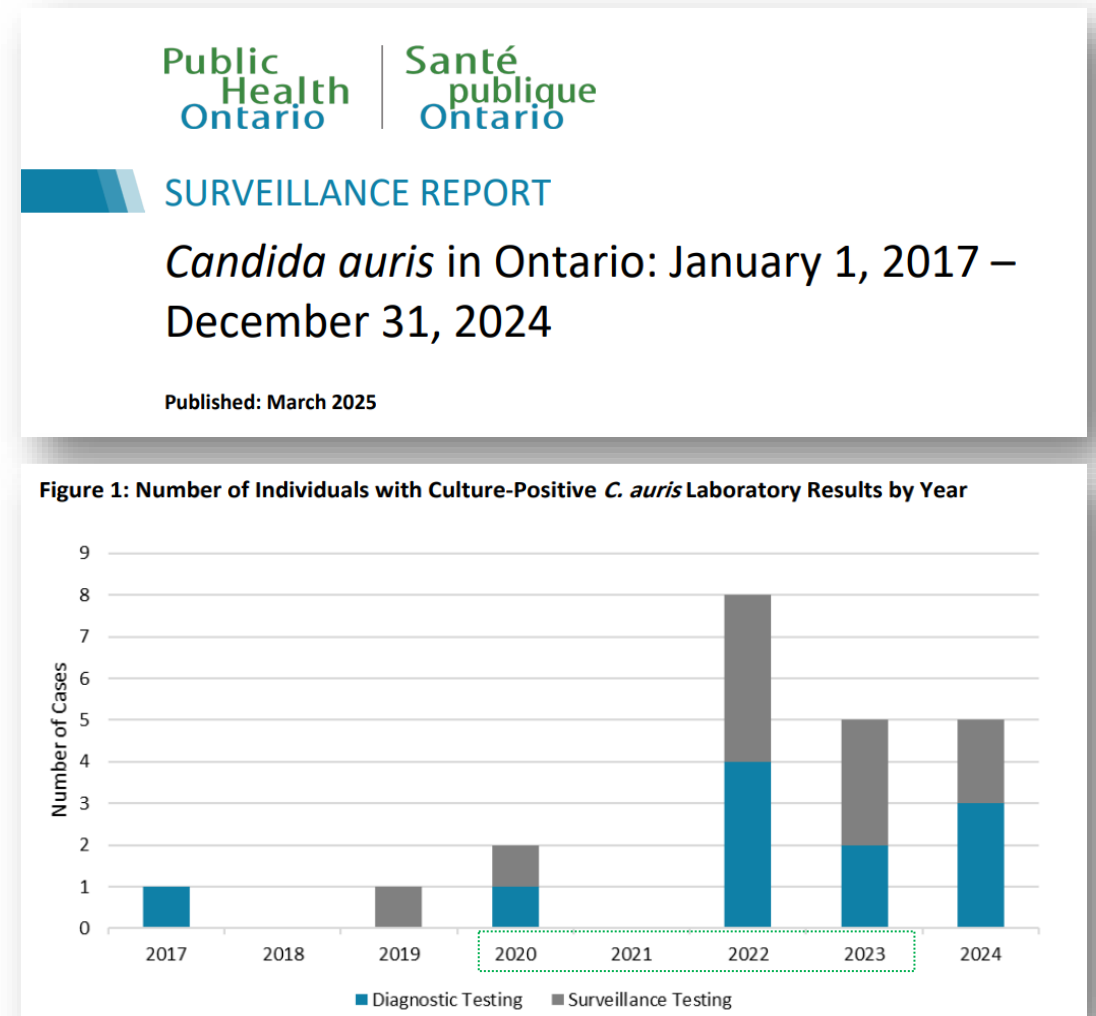


- ~90% resistant to fluconazole
- ~30% resistant to amphotericin B
- <2% resistant to echinocandins
- Rare isolates resistant to all classes

Centers for Disease Control and Prevention. Tracking *Candida auris*. Atlanta, GA: CDC; [cited 2026 Jun 12]. Available from: <https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>

Ontario Laboratory Data 2017–2024: Pre-DOPHS Designation

- Voluntary submission
- 2014–2016: 4 unique cases
- 2017–2024:
 - **22 cases**; 20 unique patients
 - 12 via diagnostic testing
 - 10 via surveillance testing
 - 2 colonized individuals later developed *C. auris* infection
 - 17/20 had susceptibility testing
 - 16/17 (**94%**) fluconazole resistant
 - 6/17 (**35%**) amphotericin B resistant
 - 0 resistant to echinocandins

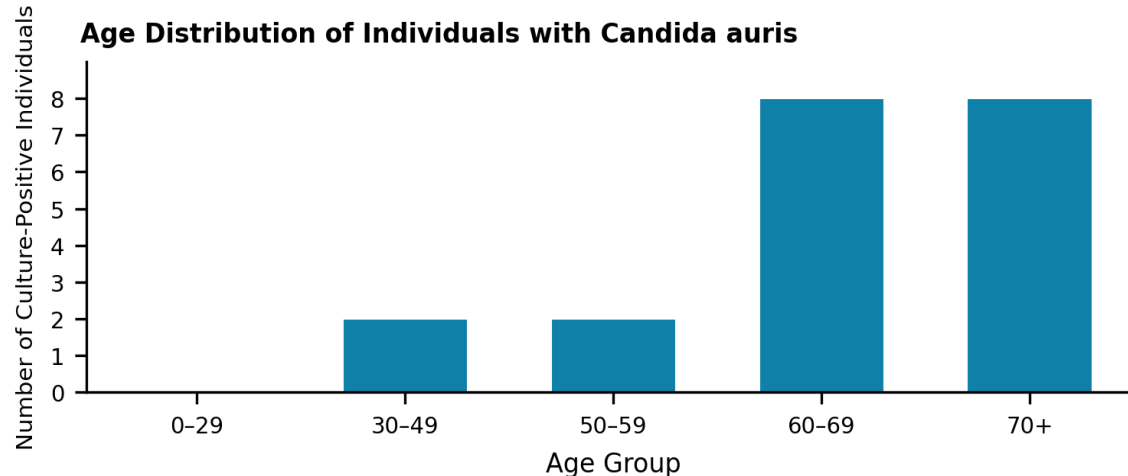


Ontario Agency for Health Protection and Promotion. *Candida auris* in Ontario. Toronto, ON: King's Printer for Ontario; 2025. Available from: <https://www.publichealthontario.ca/-/media/Documents/C/25/candida-auris-ontario.pdf>

Summary of *Candida auris* in Ontario: 2017-2024 (n=20 Unique Cases)

Epidemiology

- 80% Male, 20% Female
- Most cases ≥ 60 years old
- Most cases from Toronto, Peel
- 7 other Public Health Units with cases



*KSA: Kingdom of Saudia Arabia

Ontario Agency for Health Protection and Promotion. *Candida auris* in Ontario. Toronto, ON: King's Printer for Ontario; 2025. Available from: <https://www.publichealthontario.ca/-/media/Documents/C/25/candida-auris-ontario.pdf>

Travel and Healthcare Exposure

- 13/20 (65%) had recent travel outside Canada
- 12 received medical care abroad
 - USA, India, South Africa, Caribbean, KSA*
- 6/20 (30%) reported no recent travel
- 5 detected from diagnostic specimens (not screening)
- 1 case had no travel or hospitalization data available

Ontario Cases January 1, 2025 – February 28, 2026: Post DOPHS Change

PHO Laboratory Surveillance

- Patients = 12
 - Highest number of cases received in a year to date
 - 7 surveillance testing (swabs, etc.)
 - 5 diagnostics testing

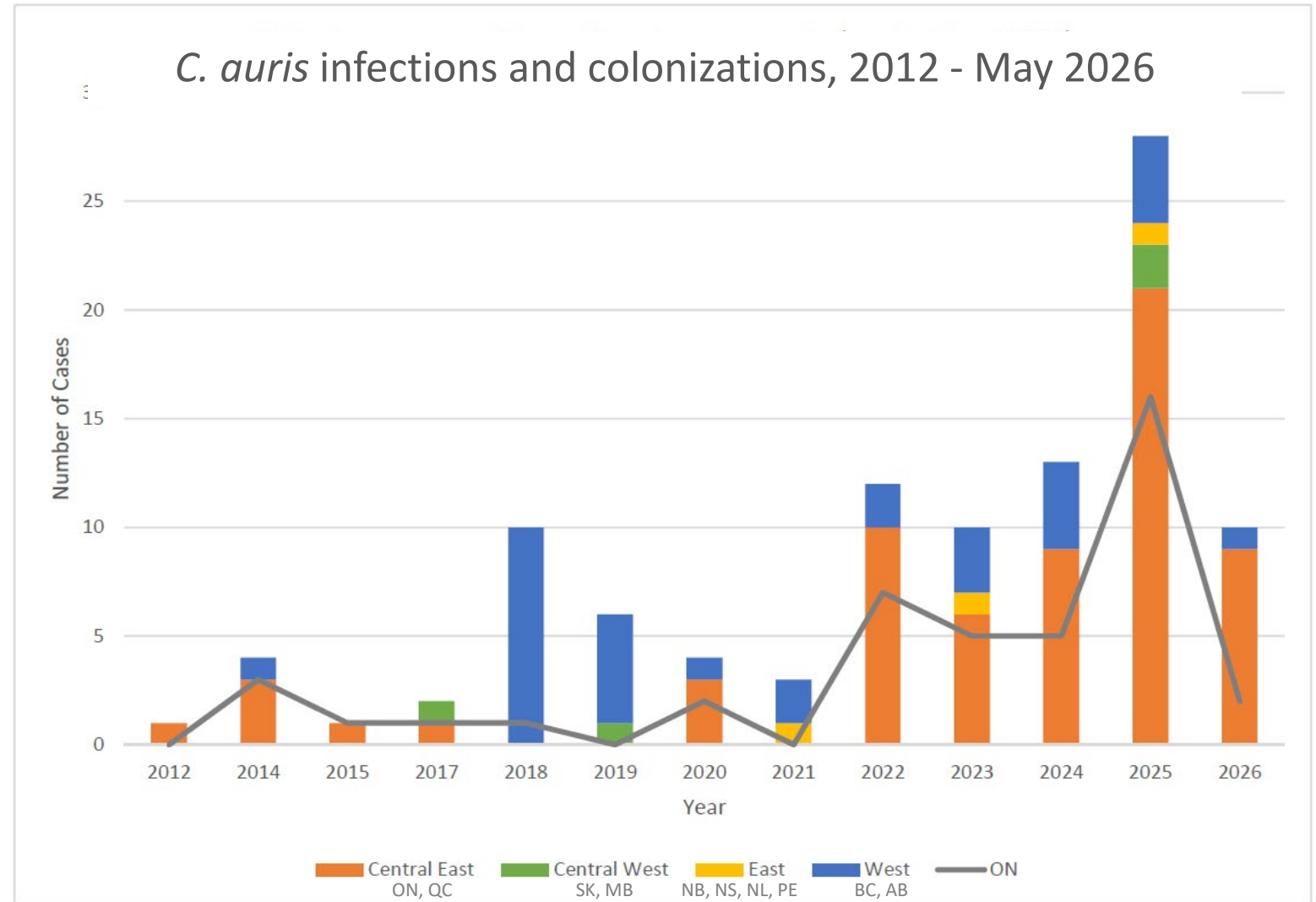
iPHIS Data

- Cases = 2
 - 3 DNM criteria, determined to not be infections
- Toronto and Peel have the most cases
- >65 years most impacted age group, followed by 18-64 years
- 70% male, 30% female
- Largest risk factor:
 - Hospitalization outside of Canada
 - Underlying illness

PHO Laboratory Surveillance Data were extracted from the Public Health Ontario Laboratory Information Management System (accessed March 2, 2026)

Candida auris Cases Across Canada

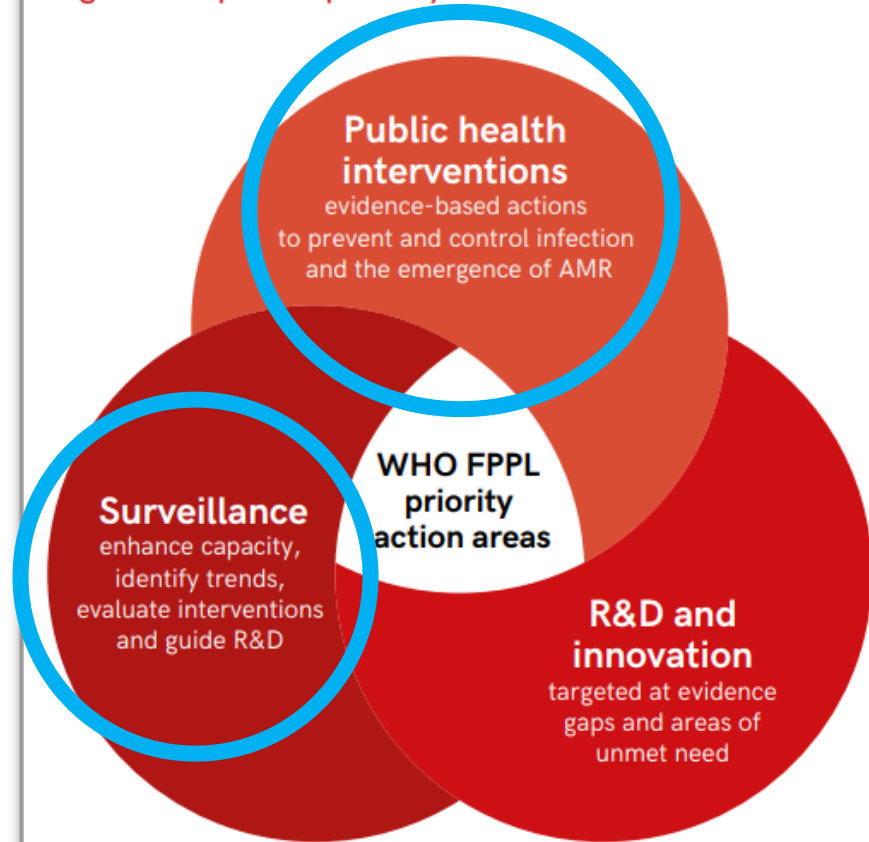
- Combination of CNISP + Provincial Lab Surveillance
- Total cases in Canada: 104
- Total in Ontario: 43



Unpublished, courtesy of: Dr. Amrita Bharat, Chief of AMR, National Microbiology Laboratory [2016, June 15]

Fungal Priority Pathogens List - 2022

Fig. 2. Proposed priority areas for action



AMR: antimicrobial resistance; R&D: research and development; WHO FPPL: World Health Organization fungal priority pathogens list.

Table 3. WHO fungal priority pathogens list

Critical group	High group	Medium group
 <i>Cryptococcus neoformans</i>	 <i>Nakaseomyces glabrata</i> (<i>Candida glabrata</i>)	 <i>Scedosporium</i> spp.
 <i>Candida auris</i>	 <i>Histoplasma</i> spp.	 <i>Lomentospora prolificans</i>
 <i>Aspergillus fumigatus</i>	 Eumycetoma causative agents	 <i>Coccidioides</i> spp.
 <i>Candida albicans</i>	 Mucorales	 <i>Pichia kudriavzevii</i> (<i>Candida krusei</i>)
	 <i>Fusarium</i> spp.	 <i>Cryptococcus gattii</i>
	 <i>Candida tropicalis</i>	 <i>Talaromyces marneffeii</i>
	 <i>Candida parapsilosis</i>	 <i>Pneumocystis jirovecii</i>
		 <i>Paracoccidioides</i> spp.





Identifying *Candida auris* in the Lab

Candida auris – 2026

- Increased surveillance (capability, programs (CNISP, PHO/NML))

Identification Methods



MALDI ToF MS

Current databases for Bruker BioTyper and VitekMS



Chromogenic Agars

E.g., CHROMagar™ Candida Plus, Thermo Scientific™ Spectra™ Candida Agar, HardyCHROM™ Candida + auris



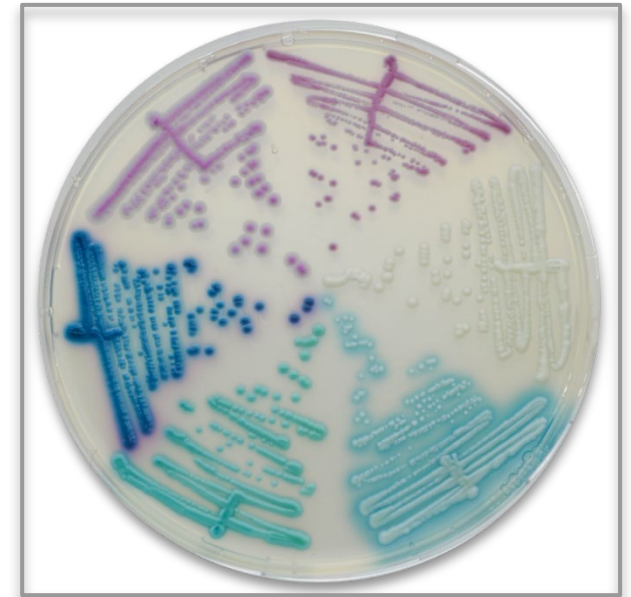
Molecular Assays (none Health Canada approved)

E.g., LDTs, DiaSorin, BioGX, altona



Biochemical Methods (still unreliable)

E.g., API, VITEK2, etc.



CHROMagar. CHROMagar Candida Plus [Internet]. Paris: CHROMagar; [cited 2026 Jun 16]. Available from: <https://www.chromagar.com/en/product/chromagar-candida-plus/>

- PHO distributed *C. auris* panels to laboratories to support validations

Laboratory Testing Methods

Testing Methods

Chromogenic Media



Molecular Assays



Methods will vary by laboratory

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Focus on: *Candida auris* [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2025 Jan 22]. Available from: <https://www.publichealthontario.ca/-/media/Documents/C/2023/candida-auris.pdf>



Candida auris ESD: Key Requirements at-a-Glance

ESD: What PHUs Need to Do

- Identify Confirmed Cases
 - Count both colonization from active screening and clinical infections as confirmed cases
- Key Actions for PHUs
 - **Enter new** confirmed *C. auris* colonization cases in iPHIS within one business day of notification
 - **Retrospectively** enter colonized cases from January 1, 2026 to June 30, 2026 into iPHIS by October 31, 2026
 - Report details per the *C. auris* iPHIS User Guide
 - Notify health care facilities of patients with recent admissions (within the last 12 months)



Candida auris Management: Key Recommendations at-a-Glance

Admission Screening and Testing

Screening Risk Factors

- Spent time in a health care setting outside of Canada within the previous 12 months
- Been transferred from a Canadian health care setting with an ongoing outbreak or transmission of *C. auris*
- Prior history of colonization or infection with *C. auris*
- A history of exposure to *C. auris*

Follow-up Actions for a Positive Screen

- Send specimens for testing as soon as possible
- Implement Additional Precautions: Contact Precautions, private room, dedicated equipment, enhanced environmental cleaning and disinfection



Outbreak Management: Definitions

Suspect Outbreak Definition

- A single confirmed case is identified in a facility that has not seen a case previously
- Two or more confirmed cases are identified within a facility even if they present on different units and present months apart.

Confirmed Outbreak Definition

- Evidence of transmission between patients is identified
- An epidemiological link between patients is identified
- The hospital/long-term care home considers, based on their policies, if transmission has occurred, or if the incidence of *C. auris* at the facility is higher than expected even without a clear link between patients/residents.

Outbreak Management: Contact Follow-Up

- Perform **contact tracing**
 - Test “room” contacts of cases
 - Initiate contact precautions for contacts
 - Repeat testing for contacts
- Perform a **point prevalence** study in either of these situations:
 - A single case is identified in a facility that has not seen a case previously
 - An outbreak is suspected



Key Highlights and Resources

Key Highlights

- *C. auris* is a fungal pathogen that is often highly resistant to antifungals, causing invasive disease, driving persistent outbreaks, and carrying a high mortality rate.
- *C. auris* infections became a DoPHS on January 1, 2025.
- Starting July 2026, an Enhanced Surveillance Directive (ESD) will require reporting of colonized cases in addition to infections.
- Several resources support PHUs with reporting:
 - Ministry of Health [Appendix 1: Case Definitions and Disease-Specific Information — *Candida auris*](#)
 - PHO iPHIS User Guide: *Candida auris*
 - PHO [iPHIS Investigation Tool](#)

Public Health Ontario | Santé publique Ontario

Version: September 24, 2025

iPHIS Case ID #: _____

Ontario *Candida auris* Investigation Tool

Legend: for interview with case ♦ System-Mandatory/Required ⊘ Personal Health Information

Cover Sheet		Note that this page can be autogenerated in iPHIS	
Date Printed: ____-____-____		⊘ ♦ Client Name: Enter name	
Bring Forward Date: ____-____-____		Alias: Enter alias	
iPHIS Client ID #: Enter number		⊘ ♦ Gender: Select an option ⊘ ♦ Age: Age	
♦ Investigator: Enter name		⊘ ♦ DOB: YYYY-MM-DD	
♦ Branch Office: Enter office		⊘ Address: Enter address	
♦ Reported Date: ____-____-____		Enter address	
♦ Diagnosing Health Unit: Enter health unit		⊘ Tel. 1: ###-###-####	
♦ Disease: CANDIDA AURIS		Type: ☐ Home ☐ Mobile ☐ Work ☐ Other, specify	
♦ Is this an outbreak-associated case?		⊘ Tel. 2: ###-###-####	
☐ Other, please specify: _____		Type: ☐ Home ☐ Mobile ☒ Work ☐ Other, specify	
☐ Yes, OB # #####-####		⊘ Email 1: Enter email address	
☐ No, link to OB # 0000-2025-00001 in iPHIS		⊘ Email 2: Enter email address	
Is the client in a high-risk occupation/environment?			
☐ Yes, specify: Specify ☐ No			
Is the client homeless? ☐ Yes ☐ No		♦ Physician's Name: Enter name	
⊘ New Address: Enter address		♦ Role: ☐ Attending Physician ☐ Family Physician	
♦ Language: Specify		☐ Specialist ☐ Walk-In Physician	
Translation required? ☐ Yes ☐ No		☐ Other ☐ Unknown	
Proxy respondent		OPTIONAL	
⊘ Name: Enter name		Additional Physician's Name: Enter name	
☐ Parent/Guardian ☐ Spouse/Partner		Address: Enter address	
☐ Other Specify		Tel: ###-###-#### Fax: ###-###-####	
		Role: Enter role	

Verification of Client's Identity & Notice of Collection

Client's identity verified? ☐ Yes, specify: ☐ DOB ☐ Postal Code ☐ Physician ☐ No

Notice of Collection

Please consult with local privacy and legal counsel about PHU-specific Notice of Collection requirements under PHIPA s. 16. Insert Notice of Collection, as necessary.

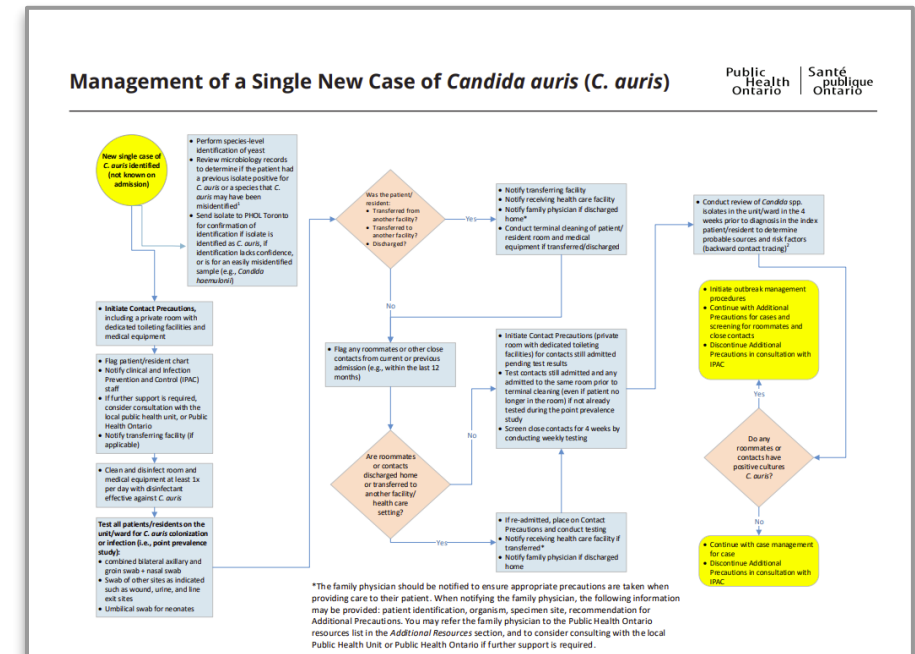
Key Resources

Guidance & Evidence

- Best Practice Recommendations: [PIDAC Interim Guide for Infection Prevention and Control of *Candida auris*](#) (2019)
- PHO [Focus On *Candida auris*](#) (2023)
- Lab Guidance: [Candida auris reference identification and susceptibility testing](#) (2019)
- FAQ: [Significant Organisms in Environmental Cleaning](#)

Practical Tools

- Management Algorithm: [Management of a Single New Case of *Candida auris*](#) (2024)
- Screening Checklist: [Antibiotic Resistant Organism \(ARO\) Risk Factor-Based Screening Guidance for All Health Care Settings](#) (2024)
- FAQ: [Significant Organisms in Environmental Cleaning](#) (2024)



For More Information About This Presentation, Contact:

Communicable.DiseaseControl@oahpp.ca for IPAC inquiries

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Upcoming Supports

- ESD for *C. auris* colonization – June 26, 2026
- Updated iPHIS User Guide and Ontario Investigation Tool for *C. Auris* - coming soon
- iPHIS-user call demo – July 29, 2026

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